

Revised 03/06 WDNV

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORKFORM TO BE USED IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983
(Prisoner Complaint Form)

All material filed in this Court is now available via the **INTERNET**. See **Pro Se Privacy Notice** for further information.

1. CAPTION OF ACTION

A. Full Name And Prisoner Number of Plaintiff: NOTE: *If more than one plaintiff files this action and seeks in forma pauperis status, each plaintiff must submit an in forma pauperis application and a signed Authorization or the only plaintiff to be considered will be the plaintiff who filed an application and Authorization.*

1. MR. NATHAN ISAACSON # 22337

2. _____

-VS-

B. Full Name(s) of Defendant(s) NOTE: *Pursuant to Fed.R.Civ.P. 10(a), the names of all parties must appear in the caption. The court may not consider a claim against anyone not identified in this section as a defendant. If you have more than six defendants, you may continue this section on another sheet of paper if you indicate below that you have done so.*

1. ST. JOSEPH INSTITUTE FOR ADDICTION

4. HEAVY SET MAN "John DOE."

2. Clinical DIRECTOR MS. TORI

5. _____

3. "DAVE" STUMP GRINDER OPERATOR

6. _____

2. STATEMENT OF JURISDICTION

This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over the action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4), and 2201.

3. PARTIES TO THIS ACTION

PLAINTIFF'S INFORMATION NOTE: *To list additional plaintiffs, use this format on another sheet of paper.*

Name and Prisoner Number of Plaintiff: MR. NATHAN ISAACSON # 22337

Present Place of Confinement & Address: P.O. Box 427, Lyons, NY 14489

WAYNE COUNTY JAIL.

Name and Prisoner Number of Plaintiff: _____

Present Place of Confinement & Address: _____

DEFENDANT'S INFORMATION NOTE CONT.

NAME OF DEFENDANT: HEAVY SET MAN (JOHN DOE) w/ DAVE on
10-3-17 official position: MAINTENANCE SUPERVISOR / YARD MANAGER.
DEFENDANT SUED IN X INDIVIDUAL AND X official capacity.
FOR FAILURE TO PROPERLY TRAIN AND SUPERVISE, PROFESSIONAL
NEGLECT.

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes _____ No _____

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

_____ Dismissed (check the box which indicates why it was dismissed):

_____ By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;

_____ By court for failure to exhaust administrative remedies;

_____ By court for failure to prosecute, pay filing fee or otherwise respond to a court order;

_____ By court due to your voluntary withdrawal of claim;

_____ Judgment upon motion or after trial entered for

_____ plaintiff

_____ defendant.

B. Have you begun any other lawsuits in federal court which relate to your imprisonment?

Yes _____ No X

If Yes, complete the next section. NOTE: *If you have brought more than one other lawsuit dealing with your imprisonment, use this same format to describe the other action(s) on another sheet of paper.*

1. Name(s) of the parties to this other lawsuit:

Plaintiff(s): _____

Defendant(s): _____

2. District Court: _____

3. Docket Number: _____

4. Name of District or Magistrate Judge to whom case was assigned: _____

5. The approximate date the action was filed: _____

6. What was the disposition of the case?

Is it still pending? Yes _____ No _____

If not, give the approximate date it was resolved. _____

Disposition (check the statements which apply):

 Dismissed (check the box which indicates why it was dismissed):

- By court *sua sponte* as frivolous, malicious or for failing to state a claim upon which relief can be granted;
- By court for failure to exhaust administrative remedies;
- By court for failure to prosecute, pay filing fee or otherwise respond to a court order;
- By court due to your voluntary withdrawal of claim;

 Judgment upon motion or after trial entered for

- plaintiff
- defendant.

5. STATEMENT OF CLAIM

For your information, the following is a list of some of the most frequently raised grounds for relief in proceedings under 42 U.S.C. § 1983. (This list does not include all possible claims.)

- | | | |
|----------------------|------------------------|-------------------------------|
| • Religion | • Access to the Courts | • Search & Seizure |
| X • Free Speech | • False Arrest | • Malicious Prosecution |
| X • Due Process | • Excessive Force | • Denial of Medical Treatment |
| X • Equal Protection | X • Failure to Protect | X • Right to Counsel |

Please note that it is not enough to just list the ground(s) for your action. You **must** include a statement of the facts which you believe support each of your claims. In other words, tell the story of what happened to you but do not use legal jargon.

Fed.R.Civ.P. 8(a) states that a pleading must contain "a short and plain statement of the claim showing that the pleader is entitled to relief." "The function of pleadings under the Federal Rules is to give fair notice of the claim asserted. Fair notice is that which will enable the adverse party to answer and prepare for trial, allow the application of res judicata, and identify the nature of the case so it may be assigned the proper form of trial." Simmons v. Abruzzo, 49 F.3d 83, 86 (2d Cir. 1995). **Fed.R.Civ.P. 10(b)** states that "[a]ll averments of claim ... shall be made in numbered paragraphs, the contents of each of which shall be limited as far as practicable to a single set of circumstances."

Exhaustion of Administrative Remedies

Note that according to 42 U.S.C. § 1997e(a), "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

You must provide information about the extent of your efforts to grieve, appeal, or otherwise exhaust your administrative remedies, and you must attach copies of any decisions or other documents which indicate that you have exhausted your remedies for each claim you assert in this action.

A. FIRST CLAIM: On (date of the incident) 10-2-2017,

defendant (give the name and position held of each defendant involved in this incident) ST. JOSEPH INSTITUTE FOR ADDICTION, CLINIC DIRECTOR MRS. TOLLEY AND "DAVE" THE STUMP GRINDER OPERATOR.

did the following to me (briefly state what each defendant named above did): "DAVE" WAS OPERATING THE STUMP GRINDER w/o ANY CAUTION TAPE, CONES, SIGNS OR A SAFETY ITMAN TO WARN HIM OF ANY ONCOMING PEDESTRIANS SO HE COULD SHUT DOWN THE MACHINE TILL THE PEDESTRIAN(S) PASS AT A SAFE DISTANCE. CLINIC DIRECTOR MRS. TOLLEY TOLD NATHAN HE COULD NOT MAKE ANY PHONE CALLS WHEN NATHAN SAID HE WANTS TO CALL A ATTORNEY, HIS FAMILY AND A LAWYER. (FOR ADDEN MEDICAL TREATMENT FOR THE OPEN GASH ON HIS LEFT CHEEK BONE THAT HE SUSTAINED WHEN THE STUMP GRINDER EJECTED A ROCK AND STRUCK HIM.

The constitutional basis for this claim under 42 U.S.C. § 1983 is: FREE SPEECH, DUE PROCESS, EQUAL PROTECTION, FAILURE TO PROTECT, RIGHT TO COUNSEL, FAILURE TO TRAIN & SUPERVISE, SUPERVISOR LIABILITY.

The relief I am seeking for this claim is (briefly state the relief sought): PUNITIVE DAMAGES FOR DAMAGE TO NATHAN'S FACE, FOR THE VIOLATIONS OF HIS RIGHTS INCLUDING HIS PATIENT'S RIGHTS, FOR UPSETTING HIM AND HOW THEY TREATED NATHAN.

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☐ Yes ☐ No If yes, what was the result? _____

Did you appeal that decision? ☐ Yes ☐ No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: _____

A. SECOND CLAIM: On (date of the incident) 10-3-2017,

defendant (give the name and position held of each defendant involved in this incident) "DAVE" STUMP GRINDER OPERATOR. HEAVY SET ITMAN (JOHN DOE) WITH DAVE.

did the following to me (briefly state what each defendant named above did): ON 10-3-17 AT 7AM
"DAVE" THE STUMP GRINDER OPERATOR AND THE HEAVY SET MAN HAD THE
STUMP GRINDER BACK AT THE SCENE, CAUTION TAPE, CONES, SIGNS, AND SAFETY
MAN NOW IN PLACE. THEY WERE TAKING PICTURES SO AS TO SAY THAT
IT WAS IN COMPLIANCE WITH OSHA AND OTHER SAFETY STANDARDS
AT THE TIME OF THE ACCIDENT. MR. TORRY THE CLINIC DIRECTOR
THREATENS NATHAN TO KEEP HIS MOUTH SHUT ABOUT THIS AND
HOW HE GOT INJURED. ONCE ON 10-3-17 AND AGAIN ON 10-4-17

The constitutional basis for this claim under 42 U.S.C. § 1983 is: FREEDOM OF SPEECH, DUE PROCESS, EQUAL
PROTECTION, FAILURE TO PROTECT, RIGHT TO COUNSEL, SUPERVISOR LIABILITY, FAILURE TO PROTECT
THANK AND SUPERVISE, PROFESSIONAL NEGLIGENCE.

The relief I am seeking for this claim is (briefly state the relief sought): PUNITIVE DAMAGES FOR
FACIAL INJURY, VIOLATIONS OF NATHAN'S RIGHTS, INCL. PATIENTS RIGHTS
FOR CONTINUING TO UPSET NATHAN MENTAL DISTRESS FOR THE SUM \$250,000

Exhaustion of Your Administrative Remedies for this Claim:

Did you grieve or appeal this claim? ☐ Yes ☐ No If yes, what was the result? _____

Did you appeal that decision? ☐ Yes ☐ No If yes, what was the result? _____

Attach copies of any documents that indicate that you have exhausted this claim.

If you did not exhaust your administrative remedies, state why you did not do so: I HAD NO SAY THERE
AT ST. JOSEPH'S I WAS RELEASED FROM PROGRAM DUE TO MY FAILURE OF MY OWN.

If you have additional claims, use the above format and set them out on additional sheets of paper.

6. RELIEF SOUGHT

Summarize the relief requested by you in each statement of claim above.

TO BE RELEASED FROM WAYNE CO. JAIL, FOR I HAD 24 DAYS
COMPLETED IN THE 21-30 DAY PROGRAM AND WAS RELEASED FROM
PROGRAM MR. TORRY STATED THAT THEY WERE TAKING ME TO ELMIRA I
THOUGHT THEY WERE GOING TO PUT ME IN PRISON TO COVER THEIR UP.
STILL I REQUEST THE \$250,000 FOR THE PUNITIVE DAMAGES, OR WHAT
FURTHER RELIEF THIS COURT FEELS I'M ENTITLED TO, THIS I PRAY.

Do you want a jury trial? Yes ☒ No ☐

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11-23-2017
(date)

NOTE: *Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.*

X Nathan Isaacson

Nathan Isaacson

Signature(s) of Plaintiff(s)

AFFIDAVIT OF NATHAN ISAACSON

- 1) ON 10-2-2017 Around 3:15 p.m., I NATHAN ISAACSON was walking back to Group Class at ST. JOSEPHS INSTITUTE For Addiction to a building called the APPALACHIAN Room and walked by a man Running a Stump Grinder. ON a Stump Next to the Gravel walkway about 15-20 FT. From me.
- 2) When I arrived at The APPALACHIAN Room there was no one there. So I headed back up towards the SYCAMORE LODGE, when I was walking back by the Stump Grinder. A object (STONE) shot out and struck me in my face just missing my Left eye Hitting my Cheek bone area. It had left a Gash in my Face.
- 3) I was bleeding real bad, my white T-Shirt had alot of blood all over it. I ran to the nurses office on campus where they did a really bad Job on even beginning to treat me, and stop the bleeding or stop the pain. Nurse Kacy took pictures with her phone. I asked to call the ambulance and they said no phone calls. Then RA Jess (FEMALE) took me to TYRON HOSPITAL in P.A and they treated my face with Glue to Close the Gash on my Left Cheek bone.
- 4) Back at ST. JOSEPHS when I arrived I asked Tiffany for copies of my medical Records of the accident and the photograph they took of my face. And the Nurses said what picture? So I replied back and said the picture you took of the open Gash on my Face. Nurse Tiffany got mad and slammed the door in my face. 6:30 p.m.

AFFIDAVIT CONT.

- 5) 10-2-2017 6:30 p.m I asked to use the phone to call my mom and my ATTORNEY to advise them of what happened and that they here wouldnt RELEASE the INCIDENT Report, or my medical report as well as the picture of the Gash on my Face. I was hurt and in a lot of pain. I would also like to STATE THAT THERE WAS NOT ANY CAUTION TAPE, CAUTION CONES, OR CAUTION SIGNS IN THE AREA of the accident. I also would like to STATE THAT THERE WAS NO WORK ZONE SIGN WABING OF ANY DANGER OR A SAFTY MAN ANYWITHERE.
- 6) "DAVE" THE MAN operating the stump Grinder, when he saw me Bleeding and start to Cry he just kept working... He saw me he looked right at me! Did nothing to help me, So I ran the best i could to get help for myself.
- 7) 10-2-2017 AT 9:15 p.m I went Val's office to try and call my mom and tell her to call my ATTORNORY. Val DENIED Me and SAID ABSOLUTLY NO! NO CALLS!
- 8) 10-3-2017 7:00 A.m THE Maintenance MAN put up CAUTION SIGNS, CAUTION TAPE, as well as CAUTION CONES, AND put the stump Grinder back at the scene of the Accident. (Guy's NAME is DAVE) with a Heavy set man covering up the scene. The machine was (not) in the Exact same spot of the accident. And the men were TAKING (FAUSLE) PICTURES of SCENE. They a'lo went around campus and put up addional CAUTION SIGNS around all the other stumps they have previously Grind~~ed~~ down.

Affidavit CONT.

- 9) They staged a False SCENE AFTER THE ACCIDENT TO MAKE IT LOOK AS IF IT CONFORMS THE SAFETY STANDARDS. And they failed to put up SAFETY PRECAUTIONS IN PLACE THE DAY OF THE ACCIDENT ON 10-2-2017.
- 10) AT 9:30 A.M DAVE and the Heavy Set man moved the Stump GRINDER to another stump location and PUT UP CAUTION TAPE and WORK ZONE SAFETY SIGNS UP. I WAS REFUSED USE PHONE AGAIN! This Facility is Denying me of all my PATIENT RIGHTS as well as my Client RIGHTS. ALL OF THEM.
- 11) AT 10:10 AM ON 10-3-2017 I am Emotionally TRAMATIZED by the EVENT'S TAKING PLACE HERE AT ST. JOSEPH INSTITUTE They are covering up what happen to me.
- 12) The DOCTOR that Looked at me mentally, and Emotionally Beat me down with his words. Then reached for my FACE where the bandaid had been placed on my cheek without warning, Scratched my cheek, pulled of my Bandaid pulling off the Glue. The Gash on my left cheek bone started bleeding because it opened back up. What are you doing? I said, I want to go to the Hospital for proper care, I'm TRAPPED here and not being treated RIGHT. AGAIN DENIED my MEDICAL RECORDS as well as my Client RIGHTS. THE R/A'S are Following me around everywhere I go. My Face and back HURT.

AFFIDAVIT CONT.

13) ON 10-3-2017 AT 2:00 p.m I Got called into the Clinical DIRECTOR'S OFFICE (MS.Tori) and was DENIED phone calls and was THREATEND by Her to KEEP My mouth shut!! about my INJURY and how it Happend To WHATS growing on AROUND HERE. She also Deniend me of all my Client RIGHTS as well as to give me ALL STAFF NAMES THAT WERE WORKING on 10-2-2017 I then asked to use the phone to make a call and was absolutely DENIED ANY PHONE CALLS TO ANYONE ESPECIALLY my LAWYER.

14) I Went over to the NURSE'S STATION and ASKED THEM AGAIN For COPIES of my medical RECORDS as well as my Report on my INJURY and PHOTO of my face and they said NO. So I Walked back over to the Clinical DIRECTORS OFFICE (MS.Tori) AND said to HER I want to call my Lawyer. SHE SAID NO! Then she said to me "GO AHEAD AND SUE THEN"! 3:15 p.m. ON 10-3-2017 around 7:00 p.m I went back to the Hospital For STICKES. LEFT HOSPITAL and headed back to ST.JOSEPH'S at 8:48 p.m.

15) 10-4-2017 @ 6:12 A.M WOKE UP, Fell asleep at 5:30AM my face is in alot of pain. 6:45 Im sitting in the bald eagle when "DAVE" The man running the stump grinder walks by me Looks at me Shaking his head and gave me Dirty looks. ON his way back from the ^{Kitchen} ~~Kitchen~~ he walks back by me and comments to me ASSHOLE! I did not Reply. I am going to TRY to use the phone to call my ATTORNEY and my mother.

AFFIDAVIT CONT.

I want to leave, I don't feel welcome here anymore. I'm being forced to do what the R/A's say as well as the Clinical Director and Executive Director. Tired of threats to keep my mouth shut! about what happen to me. I feel trapped... I am suffering... I want to call for HELP but they will not allow me to do so. I am mentally and Emotionally Run Down. To the point I am not sleeping... I am exhausted.

16) I have a list of 7 witnesses one being a Retired police officer who all will TESTIFY that on 10-2-2017 THAT THERE WAS NO SAFETY DEVICES IN PLACE IN THAT WORK ZONE. NO CAUTION TAPE, NO CAUTIONS, NO CAUTION CONES, NO SIGNS, NO SAFETY MAN.

17) 10-4-2017 AT 9:40 A.M I got called out of Group to go to the Clinical Director's office and was THREATENED By my Probation officer over the phone that if I DONT DO EVERYTHING and ANYTHING they say that I'll be going to jail for the MAX TIME ALLOWED. Clinical DIRECTOR TORI has made FAULSE ACCUSATIONS ABOUT ME. They're TRYING TO GET ME Kicked out of HERE. AND MAKE IT LOOK LIKE MY FAULT THAT I HAD GOT INJURED. and saying that I am not following the rules... which is FAULSE. CONVERSATION ENDED @ 9:52 a.m I would just like to STATE THAT I AM NOT DOING ANYTHING WRONG.

AFFIDAVIT CONT.

18) 10:10A.m 10-4-2017 BALD EAGLE

I am on time to all my Groups, Classes, To MEDLINE, BREAKFAST, Lunch, Dinner. I'm being Singled out and am Tired of THREATS, And Harrassment sense the injury that happend to me on 10-2-2017 I am still not able to use the phone. My MEDS are being crushed up by the Nurses.

"I DONT FEEL SAFE" I'm scared for my LIFE, My HEALTH, AND MY RECOVERY EVER SENSE THE ACCIDENT I'VE BEEN THREATEND SEVERAL TIMES, CALLED NAMES by STAFF AND TREATED LIKE A CRIMINAL.

19) 10-5-2017 Jessica Glover took my Journal and read what I have wrote down and went to the Clinical DIRECTOR Tori's office.

20) 10-6-2017 7:25A.m DIDN'T FALL ASLEEP T.II 5:30A.m Scared, STAFF IS THREATENING ME TO KEEP MY MOUTH SHUT OR THEY'RE GOING TO KICK ME OUT and send ME TO JAIL. STILL WILL NOT ALLOW ME TO MAKE A PHONE CALL. "I DON'T KNOW WHAT TO DO I FEEL TRAPPED."

21) I'm SUFFERING IN PAIN, EMOTIONALLY DRAINED, EXAUSTED... EVERYTIME I SEE THE STICHES IN MY FACE AND SEE THE SCAR that it is going to leave, I Get Super Emotional. THE STAFF here are making me feel and are saying that it is my FAULT THAT I GOT INJURED. I'm sick to my stomach Im losing sleep I couldn't EAT and haven't been EATING SENSE THE ACCIDENT. EVERY NOISE WAKES ME up, SLAMMING DOORS, ECT. BECAUSE OF the NOISE ASSOicated with the MACHINE. I'm scared, HURT, AND Emotionally BROKE DOWN By ALL THE THREATS.

AFFIDAVIT CONT.

22) ON OR ABOUT THE 6th TO THE 7th OF OCTOBER 2017 I NATHAN ISAACSON, was sitting in Group at the APPALACHIAN Room. During Group I Got called to Admissions. I DID'NT KNOW WHY! When I got to Admissions BA ROB, THE CLINICAL DIRECTOR TORI, COUNSELOR CINDY, AND THE DRIVER LIL JOHN, Told me I had to leave THE INSTITUTE FOR NO REASON. I ASKED TO SPEAK TO THE EXECUTIVE DIRECTOR JUDY! TORI, THE CLINICAL DIRECTOR Told me she is unavailable. Then I asked why is it that I am being KICKED OUT? SHE SAID I DON'T KNOW AND THEY SAID THAT THE DECISION HAS ALREADY BEEN MADE. AND THAT IT IS OUT OF THEIR HANDS. THEN DEMANDED ME TO GET INTO THE TRANSPORT VAN OR I WOULD BE ESCORTED OUT BY THE POLICE. AT THAT POINT I WAS TERRIFIED AND GOT INTO THE VAN. AGAINST MY OWN WILL. I WAS THREATEND TO GET INTO THE TRANSPORT VAN OR THAT THERE WILL BE CONSEQUENCES. THEY ALL WERE THREATING ME.

23) I could not understand what I did wrong. Nobody would TELL ME ANYTHING! THEN THEY MADE ME SIGN A PAPER AND WOULD NOT ALLOW ME TO READ IT. THEY TOLD ME IT WAS TO RELEASE MY MED'S. And my clothing and my bags (2) DUFFEL BAGS that MY FATHER GAVE ME. THAT I BROUGHT WITH ME. They said it's too late we are already leaving. UNEXCEPTABLE!!

AFFIDAVIT CONT.

24) THEN ASKED Where are you TAKEING ME? Clinical DIRECTOR TORI says ELMIRA, NY. When she said that MY HEART DROPPED and I started to CRY. I Thought that they were Taking me to PRISON Because of what my probation officer said to me, on the phone when he and the Clinical DIRECTOR TORI THREATEND ME. THAT he was going to give me THE MAX TIME POSSIBLE.

25) I'M TERRIFIED as we LEFT ST. JOSEPH'S I Can't Believe this is Happening. And scared After the way I've been TREATED and THEY'RE TAKING ME TO PRISON TO KEEP QUIET and sweep this accident under the rug like it never happen.

26) Lil John the TRANSPORTER for ST. JOSEPH'S and I stopped at a gas station... And I got out of the van and went into the store bathroom to change my pants. Then I left out the store and started walking back to N.Y where I could atleast make a phone call. Later after I started walking P.A STATE TROOPER picked me up and DROPPED me off in ALTOONA P.A when I called my sister and she sent me a bus ticket, back home to N.Y.

27) Once at Home the Following day around 7 A.M in the morning Wayne County Sheriffs took me into custody at my mom's house for no reason to NO FAULT OF MY OWN. THIS whole mess FALLS ON THE ST. JOSEPH'S INSTITUTE FOR NOT TREATING ME PROPERLY, COVERING UP THE ACCIDENT THAT OCCURED 10-2-2017 as well as Spoilation OF EVIDENCE.

AFFIDAVIT OF PETER MENALLY

- 1) I PETER MENALLY WAS TOLD BY NATHAN ISAACSON WHAT HAPPENED AT ST. JOSEPH'S REHAB. JASON ASKED ME "PETE WHEN YOU GO TO THE LAW LIBRARY WOULD YOU CALL ATTORNEY WILLIAM MATTA FOR ME"? I SAID I WOULD AND DID. TWO DAYS LATER I WAS TOLD BY THE # THAT I COULD NOT CALL ANY LAWYERS EXCEPT THE ONE HANDLING YOUR CASE. I CALLED A ACCIDENT/INJURY ATTORNEY FOR BOTH NATHAN AND I FOR MY FALL AT MY ADDRESS FOR HAND/SHOULDER INJURY. 10-19-17
- 2) SO EVEN HERE AT WAYNE COUNTY JAIL WE ARE BEING KEPT FROM MAKING LEGAL CALLS TO ATTORNEYS. THIS IS HOW I BECAME INVOLVED IN NATHAN'S CASE.
- 3) NATHAN GOT RELEASED FROM PROGRAM AT ST JOSEPH'S BY DISHONORABLE DISCHARGE DUE TO NO FAULT OF HIS OWN. GETS PICKED UP BY WAYNE CO. SHERIFFS, PUT IN WAYNE CO. JAIL FOR A PROBATION VIOLATION DUE TO NO FAULT OF HIS OWN THAT CONSTITUTES UNLAWFUL DETAINMENT/IMPRISONMENT.
- 4) NATHAN'S MEDICATION TAKEN AT ST. JOSEPH'S WHILE HE WAS THERE 26 DAYS

1) 200mg SYRIQUET	2) 100mg ZOLOFT
INSOMNIA	ANXIETY
- 3) 600-1200 NEURONTIN FOR BACK PAIN.
 SYRIQUET CAUSES: CONFUSION, HEADACHES, CHANGE IN HIS THINKING, FEELING NERVOUS AND EXCITABLE, FEELING TIRED AND WEAK. NATHAN SAID THEY "CRUSHED" HIS TEETH IN PAINS THAT ARE AFFECTED SAYS *DO NOT CHEW, BREAK OR CRUSH.*

AFFIDAVIT OF PETER MCNALLY CONT.

- 5) I SPOKE WITH NATHAN ISAACSON AND ASKED IF HE WAS EVER DIAGNOSED WITH A MENTAL ILLNESS, ANXIETY OR INSOMNIA? HE SAID NO!
- 6) ST. JOSEPH'S MEDICAL STAFF AND HIGHER UPS SHOULD BE CHARGED WITH IMPROPER MEDICAL DIAGNOSIS, FRAUD BY PRESCRIBING "MEDICATION" THAT THE CLIENTS NEVER TAKEN AND DOSE NOT NEED. THIS IS TO DRIVE UP THE PRICE TO THE INSURANCE COMPANY FOR THE CLIENT WHO IS NOW A PATIENT AT THE ST. JOSEPH'S INSTITUTE FOR ADDICTION. THIS IS FRAUD PLAIN AND SIMPLE.
- 7) AS SWORN TO, I DECLARE UNDER THE PENALTY OF PERJURY THE FOREGOING IS TRUE AND CORRECT.

Mr. Peter McNally

I'D LIKE TO THANK THIS COURT FOR IT'S TIME.

THANK YOU!

MR. PETER MCNALLY
C.E.O. NORTH STAR SPECIAL INVESTIGATIONS UNIT.
P.O. BOX 477
LYONS, N.Y. 14489

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 12-5-2017
(date)

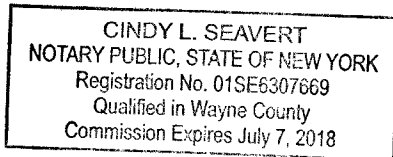
NOTE: *Each plaintiff must sign this complaint and must also sign all subsequent papers filed with the Court.*

Nathan Isaacson

Signature(s) of Plaintiff(s)

12.5.17

Cindy Seavert



AFFIDAVIT/AFFIRMATION OF SERVICE.

I Nathan Isaacson did put an
EXACT COPY OF MY COMPLAINT IN THE U.S.
MAIL ON THIS DATE AND MAILED IT TO:

ST. JOSEPH INSTITUTE FOR ADDICTION
134 JACOBS WAY
PORT MATILDA, PA. 16870

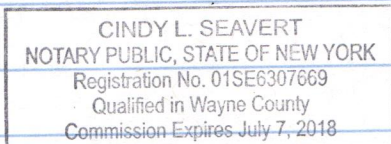
I DECLARE UNDER PENALTY OF PERJURY THAT THE
FOREGOING IS TRUE AND CORRECT.

Print Nathan Isaacson

sign. Nathan Isaacson

12.5.17

Cindy Seavert



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Quetiapine: Patient drug information Lexicomp[®]

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(For additional information see "[Quetiapine: Drug information](#)" and see "[Quetiapine: Pediatric drug information](#)")

Brand Names: US SEROquel; SEROquel XR

Brand Names: Canada Abbott-Quetiapine; ACT-Quetiapine; Apo-Quetiapine; Auro-Quetiapine; Dom-Quetiapine; JAMP-Quetiapine; Mar-Quetiapine; Mylan-Quetiapine; PHL-Quetiapine; PMS-Quetiapine; PRO-Quetiapine; Quetiapine XR; RAN-Quetiapine; Riva-Quetiapine; Sandoz-Quetiapine; Sandoz-Quetiapine XRT; Seroquel; Seroquel XR; Teva-Quetiapine; Teva-Quetiapine XR

Warning

- There is a higher chance of death in older adults who take this drug for mental problems caused by dementia. Most of the deaths were linked to heart disease or infection. This drug is not approved to treat mental problems caused by dementia.
- Children and teens who take this drug may be at a greater risk of having thoughts or actions of suicide. Adults may also be at risk. The risk may be greater in people who have had these thoughts or actions in the past. Watch people who take this drug closely. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouchiness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur.
- This drug is not approved for use in children younger than 10 years of age. Talk with the doctor.

What is this drug used for?

- It is used to treat bipolar problems.
- It is used to treat schizophrenia.
- It is used to treat low mood (depression).
- It may be given to you for other reasons. Talk with the doctor.

What do I need to tell my doctor BEFORE I take this drug?

- If you have an allergy to quetiapine or any other part of this drug.
- If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs.
- If you have any of these health problems: Long QT on ECG, low magnesium levels, or low potassium levels.
- If you have had in the past a heartbeat that does not feel normal.
- If you are taking any drugs that can cause a certain type of heartbeat that is not normal (prolonged QT interval). There are many drugs that can do this. Ask your doctor or pharmacist if you are not sure.

11/23/2015

Quetiapine: Patient drug information

This is not a list of all drugs or health problems that interact with this drug.

Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

What are some things I need to know or do while I take this drug?

- Tell dentists, surgeons, and other doctors that you use this drug.
- X • Avoid driving and doing other tasks or actions that call for you to be alert until you see how this drug affects you.
- X • To lower the chance of feeling dizzy or passing out, rise slowly over a few minutes when sitting or lying down. Be careful climbing stairs.
 - Have blood work checked as you have been told by the doctor. Talk with the doctor.
 - Have an eye exam every 6 months.
 - This drug may affect certain lab tests. Be sure your doctor and lab workers know you take this drug.
 - Avoid drinking alcohol.
- X • Talk with your doctor before you use other drugs and natural products that slow your actions.
 - Cataracts may rarely happen.
- X • If you have high blood sugar (diabetes), you will need to watch your blood sugar closely. Tell your doctor if you get signs of high blood sugar like confusion, feeling sleepy, more thirst, more hungry, passing urine more often, flushing, fast breathing, or breath that smells like fruit.
- count X • Low white blood cell counts have happened with drugs like this one. This may lead to a higher chance of getting an infection. Deadly infections have rarely happened. Tell your doctor if you have ever had a low white blood cell count. Call your doctor right away if you have signs of infection like fever, chills, or sore throat. Talk with your doctor. POSSIBLE
- Older adults with dementia taking drugs like this one have had a higher number of strokes. Sometimes these strokes have been deadly. This drug is not approved to treat mental problems caused by dementia. Talk with your doctor.
- Be careful in hot weather or while being active. Drink lots of fluids to stop fluid loss.
- X • A very bad and sometimes deadly health problem called neuroleptic malignant syndrome (NMS) may happen. Call your doctor right away if you have any fever, muscle cramps or stiffness, dizziness, very bad headache, confusion, change in thinking, fast heartbeat, heartbeat that does not feel normal, or are sweating a lot.
 - If you are 65 or older, use this drug with care. You could have more side effects.
 - Use with care in children. Talk with the doctor.
 - Tell your doctor if you are pregnant or plan on getting pregnant. You will need to talk about the benefits and risks of using this drug while you are pregnant.
 - Taking this drug in the third trimester of pregnancy may lead to muscle movements that cannot be controlled and withdrawal in the newborn. Talk with the doctor.
 - Tell your doctor if you are breast-feeding. You will need to talk about any risks to your baby.

What are some side effects that I need to call my doctor about right away?

WARNING/CAUTION: Even though it may be rare, some people may have very bad and sometimes deadly side effects when taking a drug. Tell your doctor or get medical help right away if you have any of the following signs or symptoms that may be related to a very bad side effect:

- Signs of an allergic reaction, like rash; hives; itching; red, swollen, blistered, or peeling skin with or without fever; wheezing; tightness in the chest or throat; trouble breathing or talking; unusual hoarseness; or swelling of the mouth, face, lips, tongue, or throat.
- Very bad dizziness or passing out.

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- Very bad headache.
- A heartbeat that does not feel normal.
- Chest pain or pressure or a fast heartbeat.
- Trouble controlling body movements, twitching, change in balance, trouble swallowing or speaking.
- Shakiness, trouble moving around, or stiffness.
- + Feeling very tired or weak.
 - Drooling.
 - Seizures.
 - Any bruising or bleeding.
 - Change in eyesight.
- X A burning, numbness, or tingling feeling that is not normal.
 - Enlarged breasts.
 - Nipple discharge.
 - Change in sex ability.
 - For women, no period.
- Some people who take this drug may get a very bad muscle problem called tardive dyskinesia. The risk may be greater in older adults, mainly women. The chance that this will happen or that it will never go away is greater in people who take this drug in higher doses or for a long time. Muscle problems may also occur after short-term use with low doses. Call your doctor right away if you have trouble controlling body movements or if you have muscle problems with your tongue, face, mouth, or jaw like tongue sticking out, puffing cheeks, mouth puckering, or chewing.
- Call your doctor right away if you have a painful erection (hard penis) or an erection that lasts for longer than 4 hours. This may happen even when you are not having sex. If this is not treated right away, it may lead to lasting sex problems and you may not be able to have sex.

What are some other side effects of this drug?

All drugs may cause side effects. However, many people have no side effects or only have minor side effects. Call your doctor or get medical help if any of these side effects or any other side effects bother you or do not go away:

- Dizziness.
- Headache.
- X Feeling nervous and excitable.

NATHAN

- Hard stools (constipation).
- Dry mouth.
- Feeling sleepy.
- Weight gain.
- Upset stomach or throwing up.
- Feeling tired or weak.
- Belly pain.

These are not all of the side effects that may occur. If you have questions about side effects, call your doctor. Call your doctor for medical advice about side effects.

You may report side effects to your national health agency.

How is this drug best taken?

Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely.

All products:

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Quetiapine: Patient drug information

- Take as you have been told, even if you feel well.
- To gain the most benefit, do not miss doses.
- Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of signs of withdrawal. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor.

Tablet:

- Take with or without food.

Extended-release tablets:

- Swallow whole. Do not chew, break, or crush.
- Take on an empty stomach or with a light meal.

What do I do if I miss a dose?

- Take a missed dose as soon as you think about it.
- If it is close to the time for your next dose, skip the missed dose and go back to your normal time.
- Do not take 2 doses at the same time or extra doses.

How do I store and/or throw out this drug?

- Store at room temperature.
- Protect from light.
- Store in a dry place. Do not store in a bathroom.
- Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets.
- Check with your pharmacist about how to throw out unused drugs.

General drug facts

- If your symptoms or health problems do not get better or if they become worse, call your doctor.
- Do not share your drugs with others and do not take anyone else's drugs.
- Keep a list of all your drugs (prescription, natural products, vitamins, OTC) with you. Give this list to your doctor.
- Talk with the doctor before starting any new drug, including prescription or OTC, natural products, or vitamins.
- Some drugs may have another patient information leaflet. If you have any questions about this drug, please talk with your doctor, nurse, pharmacist, or other health care provider.
- If you think there has been an overdose, call your poison control center or get medical care right away. Be ready to tell or show what was taken, how much, and when it happened.

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Topic 11010 Version 141.0

WITNESS COURT COPY

I Christopher Button AM HERE TO STATE FOR THE RECORD THAT ON 10-2-2017 AT THE ST. JOSEPH INSTITUTE FOR ADDICTION LOCATED AT 139 JACOBS WAY, GORT MAT. IDA, PA. BY THE GRAVEL WALKWAY NEAR THE APPALACHIAN ROOM A STUMP GRINDER WAS IN USE AROUND 3:15 PM 10-15 FT FROM THE GRAVEL WALKWAY WHEN NATHAN ISAACSON WAS INJURED BY A OBJECT THAT WAS EJECTED BY THE STUMP GRINDER WHEN WALKING BY. THE OBJECT STRUCK HIT ON THE LEFT SIDE OF HIS FACE LEAVING A OPEN GASH. * THERE WAS NO SAFETY DEVICES IN PLACE AT THAT TIME. NO CAUTION TAPE, CONES, SIGNS OR 2ND SAFETY MAN. *

FURTHER MORE ON 10-3-2017 AROUND 7:30 AM AT THE SAME SCENE, THE STUMP GRINDER WAS THERE RECENTLY IN THE SAME AREA BUT CLOSER TO THE GRAVEL WALKWAY * WITH CAUTION TAPE, CONES, SIGNS AND 2ND SAFETY MAN. * THEY WERE TAKING PICTURES OF THE SCENE TO MAKE IT LOOK AS THOUGH IT WAS OR IS UP TO SAFETY CODE(S).

I DECLARE UNDER PENALTY OF PERJURY THE FOREGOING IS TRUE AND CORRECT.

EXECUTED ON (DATE) 11/26/17

Print: Christopher Button

SIGN: Christopher Button

JAN 17 2018

TO: COURT CLERK

RE: CASE PAPERS.

DEAR CLERK PLEASE DATE/STAMP CASE
PAPERS, I KEEP 1 FOR COURT, 5 SEND TO
NATHAN ISAACSON AND 1 TO PETE ITENALLY

THANK YOU!

NATHAN ISAACSON PRO SE 5 COPIES
10777 ANSIEE RD.
CLYDE, N.Y. 14433

PETE ITENALLY WITNESS 1 copy
P.O. Box 477
LYONS, N.Y.
14489

P.S. PLEASE RE-STAPLE I DO NOT HAVE
ACCESS TO A LARGER STAPLER.

THANK YOU!

JS 44 (Rev. 06/17)

JAN 17 2018

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

MR. NATHAN ISAACSON / pro se

(b) County of Residence of First Listed Plaintiff

WAYNE

(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

315-573-6179

10777 AINSTEAD RD.

CLYDE, N.Y. 14433

DEFENDANTS ST. JOSEPH INSTITUTE FOR ADDICTION
CLINICAL DIRECTOR MRS. TORI, DALE GARDNER'S KEEPER
AND HEAVY SET MAN "JOHN DOE" A-3 GARDNER'S KEEPER
SUPERVISOR

County of Residence of First Listed Defendant

CENTRE

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant
- ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input checked="" type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input checked="" type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input checked="" type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: Nature of Suit Code Descriptions.

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input checked="" type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input checked="" type="checkbox"/> 896 Arbitration <input checked="" type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input checked="" type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

42 U.S.C. § 1983

Brief description of cause: PROFESSIONAL NEGLIGENCE FAILURE TO PROTECT, FRAUD SUPERVISOR LIABILITY, FAILURE TO PROPERLY TRAIN AND SUPERVISE.

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

250,000.00

CHECK YES only if demanded in complaint:

JURY DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE